000000001444 RECEIVED BY: SECRETARY OF THE SENATE Received Date: April 30, 2020

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Date/Time Stamp

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Sarah Shapiro	
Employing Office/Committee: Senator Chri	s Murphy
Travel Expenses Paid by (List all sources):	asey Family Programs
Travel Date(s): February 18, 2020 - February	
Description/Title of Attached Forms: RE 2	
Casey Family Programs Invitation	
	for amending original submission): y Family Programs and the RE-2 was missing the year of travel and the supervisor's signature.
4/17/2020	Sarah Shapiro
(Date)	(Signature of Traveler)

CONTRACTOR AND	Complete and the second			79-44-7
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EMPLOYEE	PRE-TRAV	EL AUTH	ORIZATION
	T TATE A		ORMERITATION

<u>Pre-Travel Filing Instructions</u>: Complete and submit this form at least 30 days prior to the travel departure date to the <u>Select Committee on Ethics</u> in <u>SH-220</u>. Incomplete and late travel submissions will <u>not</u> be considered or approved. This form <u>must</u> be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

 Data/Tima Ctaman	
Date/Time Stamp:	

at ethics.senate.gov. Retain a copy of your er required post-travel disclosure.	· · · · · · · · · · · · · · · · · · ·
Name of Traveler:	Sarah Shapiro
Employing Office/Committee:	Senator Chris Murphy
Private Sponsor(s) (list all): Casey Family F	Programs
Travel date(s): February 18 2020 - February Note: If you plan to extend the trip for	ary 19, 2020 any reason you <u>must</u> notify the Committee.
Destination(s): New Orleans, Louisiana	
Explain how this trip is specifically connected	to the traveler's official or representational duties:
	and foster care and this visit will provide me with exposure to state-based efforts to ve permanency of foster care placements, and reduce unnecessary entry into the
Name of accompanying family member (if any Relationship to Employee: Spouse C	
I certify that the information contained in this	form is true, complete and correct to the best of my knowledge:
4/17/20	Sarah Shapiro
(Date)	Sarah Shapiro (Signature of Employee)
TO BE COMPLETED BY SUPERVISING SENA Secretary for the Majority, Secretary for the Minority	TOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, ity, and Chaplain):
I, Senator Murphy (Print Senator's/Officer's Name)	hereby authorize Sarah Shapiro (Print Traveler's Name)
	ccept payment or reimbursement for necessary transportation, lodging, and ed above. I have determined that this travel is in connection with his or her
duties as a Senate employee or an officeholder	, and will not create the appearance that he or she is using public office for
I have also determined that the attendance of the Senate. (signify "yes" by checking box)	he employee's spouse of child is appropriate to assist in the representation
4/17/2020 (Date)	(Signature of Supervising Senator/Officer)
(Revised 10/19/15)	Form RE-1

(Revised 1/3/11)

Clear Form

Form RE-2

Employee Post-Travel Disclosure of Travel Expenses

_	~	e this form within 30 da	•		
travel. Submit all form	ns to the Office of Pul	blic Records in 232 Ha	rt Building.		
In compliance with Rube reimbursed/paid for		_	osures with respect to t	ravel expenses that have been o	r wi
	•	rization (Form RE-1), rtification Form with al		, invitee list, etc.)	
Private Sponsor(s) (list	tall): Casey Family	/ Programs			
Travel date(s): Febru	ary 18-19, 2020	>			
Name of accompanyin Relationship to Travelo		ny): None Child		•	
		EASE DUE TO THE ACCENTAGE EXPENSES. (Attach additional additional accention accent acceptance accent acceptance accept		E OR DEPENDENT CHILD, ONI	LΥ
Expenses for Employ			Tronui pugos il mocossary	• • • • • • • • • • • • • • • • • • • •	_
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)	
☐ Good Faith Estimate	\$485.27 total	\$157.00	\$74.84/person	n/a	
Actual Amount	\$360.27 flights and \$125.00 ground transportation		for 2 days	-	
Expenses for Accomp	anying Spouse or De	ependent Child (if appli	cable):		1
:	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)	
☐ Good Faith Estimate	n/a	n/a	n/a	n/a	
☐ Actual Amount					
necessary.): Visit and discussion New Orleans;	ussion about entries in foster care of discussion about the court improve	with Judge Gray at Orleans Parish Ju ement plan (CIP) and prevention ser	venile Court; tour and discussion at vices with the Pelican Center for Ch	ttach additional pages if bout services for at risk youth at Covenant House hildren and Families; discussion about child welfare al discussion about the Quality Parenting Initial	re
4/17/20	Sarah Shapiro	·)	5a	rah Shapiro	
(Date)	(Printed r	name of traveler)		(Signature of traveler)	
TO BE COMPLETED	D BY SUPERVISING	MEMBER/OFFICER:			
		es set out above in conne tion, lodging, and relate	d expenses as defined	cribed in the Employee Pre-Tra	vel
(Date)			(Signature of Super	vising Senator/Officer)	

0000000001447



January 14, 2020

Sarah Shapiro
Legislative Correspondent
U.S. Senator Chris Murphy
136 Hart Senate Office Building
Washington, DC 20510

Dear Sarah,

I would like to invite you to a one day educational site visit on Tuesday, February 18, 2020 to New Orleans, Louisiana to meet with judicial, state and local officials in New Orleans to learn about efforts to prevent unnecessary placement in foster care and strengthen families. The visit will include a look at the different roles of the state, courts, and community in supporting families, and how each works together in this effort. Casey Family Programs is the nation's largest private operating foundation focused exclusively on safely reducing the needs for foster care in this country and building communities of hope. We believe there is nothing more urgent than working together to ensure every child in this country has a safe, permanent family in which they can thrive.

I am attaching to this letter the draft itinerary for the trip, including the presentations and issues that will be addressed during this visit. Also enclosed is a completed Congressional Travel Certification Form.

New Orleans has seen a significant decrease in the number of children in foster care. This visit will highlight efforts of the court and state to reduce unnecessary entry into foster care and the trauma it can impose and increase permanency for children, and offer opportunities to discuss different approaches to keeping children safe and families together.

The trip will begin with a morning flight from Washington National Airport (DCA) on February 18 (boarding at 8:00 am) and will end with a flight back to DCA on February 19, 2020 (arriving to DCA at 11:00 am). Casey Family Programs will, in accordance with respective U.S. House and Senate Ethics Committees¹, arrange for and directly pay for the costs for the flight to and from New Orleans and other travel-related costs, including transportation, lodging and meals while in New Orleans. Incidental expenses cannot be reimbursed.

As a private foundation, Casey Family Programs is also required to only pay federal per diem rates for Congressional Members or staff in accordance with Treas, Reg. 26. CFR § 53.4941(d)(3).

0000000001448

If you have any questions about this trip, please be in touch with me at 202-728-2001 or ccalpin@casev.org. Space is limited, so I look forward to hearing from you Sincerely,

Christine Calpin

Managing Director-Public Policy

Casey Family Programs

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Office of Public Records Senate Hart Bldg. Poom 232 Washington, Dc 20510